



MIAMI-DADE WATER AND SEWER DEPARTMENT
Water-Use Efficiency Program



SENIOR AND LOW INCOME HIGH EFFICIENCY FIXTURE RETROFIT PROJECT APPLICATION FORM

PLEASE FILL OUT COMPLETELY

Name of Water Utility Supplier, if known: _____

Water Bill Account Number: _____ Check ☒ One: ☐ Single Family ☐ Duplex

Name (print clearly) _____

Home Phone: _____ Daytime Phone: _____ Mobile Phone: _____

Installation Address: _____ Zip Code: _____

Mailing Address (if different): _____ Zip Code: _____

E-mail Address: _____

HOUSEHOLD INFORMATION

This retrofit project will install up to two toilets, two showerheads, and kitchen and bath faucet aerators to qualifying participants. *Once an application is APPROVED, the Community Action Agency (CAA) will contact the applicant to schedule a retrofit appointment.*

How many bathrooms: _____ # people in household: _____ # of toilets being replaced: _____ Approximate year home was built: _____

TOILETS ARE ONLY AVAILABLE IN WHITE

QUALIFICATIONS

This program is for senior citizens who have the senior exemption on their property taxes, or those residents who meet federal and local criteria for low income households. Applicants must own a single family home or duplex and **occupy** the residence where the installation will occur. Participating homes must have been built prior to 1996.

ALL TOILET REPLACEMENT PARTICIPANTS

I have read and understand the Project requirements as stated in the Qualifications Section:

Applicant's signature: _____ Date: _____

OFFICE USE ONLY

Commission District Number: _____

Municipality Code: _____

Senior Exemption: Yes No

Qualified as Low Income (CAA): N/A Yes No

Single Family Home or Duplex: Yes No

Installation Date: _____

Mail Application To: **Miami-Dade Water and Sewer Department**
Water Use Efficiency Section
3071 SW 38 Avenue
Miami, FL 33146

Phone Number: (786) 552-8974

email: waterconservation@miamidade.gov